

KINGSPORT COMMUNITY DEVELOPMENT HOMEOWNER REHABILITATION PROGRAM APPLICATION

Date: _____

NAME(S):
 Applicant: _____ Marital Status: ___ Age: ___ S.S. #: _____
 Spouse: _____ Marital Status: ___ Age: ___ S.S. #: _____
 Address: _____
 Home #: _____ Cell#: _____

OTHER HOUSEHOLD MEMBERS:

1. _____ Marital Status: ___ Age: ___ S.S. #: _____
2. _____ Marital Status: ___ Age: ___ S.S. #: _____
3. _____ Marital Status: ___ Age: ___ S.S. #: _____

INCOME (from all sources and all household members):

Name: _____ Source: _____ Amt./Mo.: _____
 Name: _____ Source: _____ Amt./Mo.: _____
 Name: _____ Source: _____ Amt./Mo.: _____
 Name: _____ Source: _____ Amt./Mo.: _____

CHECKING, SAVING ACCOUNTS (from all sources and all household members):

Name on Account	Bank Name/ Location	Account #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ALL OTHER ASSESTS (from all sources and all household members - i.e. stocks, bonds, property)

HAVE YOU RECEIVED ASSISTANCE IN THE PAST FROM THE CITY OF KINGSPORT

FOR HOME REPAIRS? ___ Y ___ N If yes, please give the year, amount and type of assistance: _____

To the best of my knowledge, I certify that the information in this application for assistance through the City of Kingsport is true and correct. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B. Felony.

Applicant: _____ Date: _____

Applicant: _____ Date: _____

CERTIFICATION

In consideration of the grant monies I am applying for in order to rehabilitate the property located at:

_____ (Address)

I hereby make the following certifications:

1. That I occupy the same said property.
2. That I hold a fee simple title to said premises.
3. That the premises are occupied by _____ persons.
(number)
4. That the income of all household members have been fully disclosed (must be verifiable)
5. That by signing my name to this certification, I state and affirm that all of the above information is correct, and should any of the above be investigated and found to be incorrect, my grant application will become automatically void.

Signature: _____
(Applicant)

Date: _____

Signature: _____
(Spouse/ Co-Owner)

Date: _____

Witness: _____

Date: _____

RACE/NATIONAL ORIGIN: Applicant _____ Co-Applicant _____

SEX: Applicant _____ Co-Applicant _____

HISPANIC: Applicant Yes ___ No ___ / Co-Applicant Yes ___ No ___

U.S. CITIZEN: Applicant Yes ___ No ___ / Co-Applicant Yes ___ No ___

PERMANENT RESIDENT ALIEN: Applicant Yes ___ No ___ / Co-Applicant Yes ___ No ___



Referred by: (Agency) _____

Agency Contact Person: _____ Phone: () _____

DWELLING STRUCTURE SURVEY Applicant Name: _____

1. Single Family House Mobile Home Other
2. Check all that apply: Basement one-story two-story three-story
3. Total number of rooms in house: _____ Bedrooms: _____ Bathrooms: _____
4. Approximate year built: _____
5. Property Value: _____
6. Date first moved into unit _____
7. Are you still making payments on your home? Yes No
If yes, name of lender/financing through: _____
Contact name that I can speak with there: _____
Contact name's phone number : _____
Approximate balance left on loan: _____
8. Name of electric service provider: _____
9. Water supply to house (circle one): None Public Water Well Spring Cistern
If public water, name of water service provider: _____
10. Does your wastewater go to (circle one): Septic Tank Pit City Sewer Other

What repairs do you think are needed? (check all that apply)

Area:	Description of work needed	Emergency?	Y	N
___ Foundation	_____	Emergency?	___Y	___N
___ Plumbing	_____	Emergency?	___Y	___N
___ Floors	_____	Emergency?	___Y	___N
___ Insulation	_____	Emergency?	___Y	___N
___ Exterior walls	_____	Emergency?	___Y	___N
___ Interior walls	_____	Emergency?	___Y	___N
___ Ceilings	_____	Emergency?	___Y	___N
___ Roof	_____	Emergency?	___Y	___N
___ Windows	<u>Broken or Not able to secure properly (Circle One)</u> _____	Emergency?	___Y	___N
___ Doors	<u>Broken or Not able to secure properly (Circle One)</u> _____	Emergency?	___Y	___N
___ Porch/Steps	_____	Emergency?	___Y	___N
___ Electrical	_____	Emergency?	___Y	___N
___ Other	_____	Emergency?	___Y	___N

Other General Comments: _____
